

U.S. Embassy Madrid, Spain
REGISTRATION FORM

PLEASE COMPLETE CLEARLY, using black ink

Name: Last _____ First _____ Middle _____

Alias: _____

Permanent Address: _____

City _____ State _____ Postal _____ Country _____

Present Address in Spain: _____

City _____ Province _____ Postal _____ Country _____

Gender: Female Male Social Security Number _____

City & State of Birth _____ Country of Birth _____ Date of Birth _____
Day/Month/Year

Phone/ Other Contact:

Residence		Phone/Fax/Cell phone/Other
Work		Phone/Fax/Cell phone/Other
Other		Phone/Fax/Cell phone/Other

U.S. Passport Information:

Passport Number: _____ Date Issued: _____

Date Expires: _____ Place Issued: _____

Height _____ Hair Color _____ Eye Color _____ Marital Status _____

Departure Date _____ Length of Stay _____ Purpose of Visit _____

In case of emergency notify:

Name: Last _____ First _____ Middle _____

Address: _____

City _____ State _____ Postal _____ Country _____

Relationship _____ Phone/Other Contact Means _____

Privacy Act Waiver: I authorize release of my address to inquirers: Yes _____ No _____

Signature _____ Date _____